## FEC FORM 3

29030170173

FESANO18

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED FEC MAIL CENTER

\*\* 2009 OCT 13 AM 8: 19

Office Use Only

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: over the	If typing, type lines.	XXXXXXX	
eriends of Phil wy	ian committee   1	<u> </u>			
	<u> </u>	<u> </u>		*.12.7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
ADDRESS (number and street)	Lilli				
Check if different	P. O. BOX 66	5, , , , , ,			
than previously reported. (ACC)	TEHACHAPI,	<u> </u>		CA 93581	
2. FEC IDENTIFICATION	NUMBER 🔻	СПҮ		STATE A	ZIP CODE A STATE ▼ DISTRICT
C 0 0 2 5 7 9		IS THIS REPORT	NEW (N) OR	AMENDED (A)	SIAIE V DISTRICT
4. TYPE OF REPORT ((a) Quarterly Reports:	Choose One) (b)	12-Day PRE-Elect	ion Report for the	<b>F1</b>	 Runoff (12R)
April 15 Quarterly July 15 Quarterly			vention (12C)	General (12G) Special (12S)	Ruibit (12A)
in the second	rterly Report (03)	Election on	M M L D D	, <u>, , , , , , , , , , , , , , , , , , </u>	in the State of
January 31 Year	End Report (YE) (c)	30-Day POST-Ele	ction Report for t	the:	
		Gen	eral (30G)	Runoff (30R)	Special (30S)
Termination Rep	ort (TER)	Election on	M M / D D	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	in the State of
5. Covering Period	0 7 0 1 2	0 0 9	through	9 / 3 0 / 2	0 0 9
I certify that I have examined	d this Report and to the l	best of my knowle	dge and belief it	is true, correct and cor	mplete.
Type or Print Name of Treas	urer ROBERT F.	KOVACH			
Signature of Treasurer	Robert F. K	lovach		Date 10	02 / 2 0 0 9
NOTE: Submission of false, e	rroneous, or incomplete inf	ormation may subj	ect the person sig	ning this Report to the p	enalties of 2 U.S.C. §437g.
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